**Parent Carer Needs Assessment Request Form**

Please complete this form which gives North Tyneside Council permission to contact you to discuss undertaking a Parent Carer Needs Assessment

**Personal Details for you as Parent Carer**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Preferred telephone contact number |  |
| Email address (optional) |  |
| Preferred language or communication needs |  |
| Any information you would like us to be aware of when ringing you, including can we leave a message if you cannot take the call and time of day most convenient for us to call |  |
| Nationality |  |
| Ethnicity |  |
| Do you have parental responsibility for the child(ren) with a disability you care for?  If you do not have parental responsibility we will not be able to undertake a parent carer needs assessment |  |

**Personal details of the child(ren) you are caring for**

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Date of Birth |  |
| Male/Female |  |
| Nature of Disability |  |

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Male/Female |  |
| Nature of Disability |  |

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Male/female |  |
| Nature of Disability |  |

**OTHER HOUSEHOLD MEMBERS.** Please also include parents not living in the child’s home who have Parental Responsibility for the child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Date of Birth | Relationship to child | Address and Telephone Number if different from the child’s | Additional Information |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Office only:**

**Date received by post/email:**

**Date call taken on phone and by whom:**